

TREND Statement Checklist

Blinding (masking)	9	<ul style="list-style-type: none"> Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so, statement regarding how the blinding was accomplished and how it was assessed. 	✓	6
Unit of Analysis	10	<ul style="list-style-type: none"> Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community) 	✓	9
		<ul style="list-style-type: none"> If the unit of analysis differs from the unit of assignment, the analytical method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis) 	NA	NA
Statistical Methods	11	<ul style="list-style-type: none"> Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data 	✓	9
		<ul style="list-style-type: none"> Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis 	✓	9
		<ul style="list-style-type: none"> Methods for imputing missing data, if used 	✓	9
		<ul style="list-style-type: none"> Statistical software or programs used 	✓	9
Results				
Participant flow	12	<ul style="list-style-type: none"> Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended) 	✓	Fig 1
		<ul style="list-style-type: none"> <ul style="list-style-type: none"> Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study 	✓	Fig 1
		<ul style="list-style-type: none"> <ul style="list-style-type: none"> Assignment: the numbers of participants assigned to a study condition 	NA	NA
		<ul style="list-style-type: none"> <ul style="list-style-type: none"> Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention 	✓	Fig 1
		<ul style="list-style-type: none"> <ul style="list-style-type: none"> Follow-up: the number of participants who completed the follow-up or did not complete the follow-up (i.e., lost to follow-up), by study condition 	✓	Fig 1
		<ul style="list-style-type: none"> <ul style="list-style-type: none"> Analysis: the number of participants included in or excluded from the main analysis, by study condition 	✓	Fig 1
		<ul style="list-style-type: none"> Description of protocol deviations from study as planned, along with reasons 	✓	10
Recruitment	13	<ul style="list-style-type: none"> Dates defining the periods of recruitment and follow-up 	✓	5-6
Baseline Data	14	<ul style="list-style-type: none"> Baseline demographic and clinical characteristics of participants in each study condition 	✓	10
		<ul style="list-style-type: none"> Baseline characteristics for each study condition relevant to specific disease prevention research 	✓	10
		<ul style="list-style-type: none"> Baseline comparisons of those lost to follow-up and those retained, overall and by study condition 	NA	NA
		<ul style="list-style-type: none"> Comparison between study population at baseline and target population of interest 	✓	10
Baseline equivalence	15	<ul style="list-style-type: none"> Data on study group equivalence at baseline and statistical methods used to control for baseline differences 	NA	NA

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Numbers analyzed	16	<ul style="list-style-type: none"> Number of participants (denominator) included in each analysis for each study condition, particularly when the denominators change for different outcomes; statement of the results in absolute numbers when feasible 	✓	10
		<ul style="list-style-type: none"> Indication of whether the analysis strategy was “intention to treat” or, if not, description of how non-compliers were treated in the analyses 	✓	9
Outcomes and estimation	17	<ul style="list-style-type: none"> For each primary and secondary outcome, a summary of results for each estimation study condition, and the estimated effect size and a confidence interval to indicate the precision 	✓	11-13
		<ul style="list-style-type: none"> Inclusion of null and negative findings 	✓	11-13
		<ul style="list-style-type: none"> Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any 	✓	11-13
Ancillary analyses	18	<ul style="list-style-type: none"> Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory 	NA	NA
Adverse events	19	<ul style="list-style-type: none"> Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals) 	✓	13
DISCUSSION				
Interpretation	20	<ul style="list-style-type: none"> Interpretation of the results, taking into account study hypotheses, sources of potential bias, imprecision of measures, multiplicative analyses, and other limitations or weaknesses of the study 	✓	14-16
		<ul style="list-style-type: none"> Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations 	✓	14-16
		<ul style="list-style-type: none"> Discussion of the success of and barriers to implementing the intervention, fidelity of implementation 	✓	14-16
		<ul style="list-style-type: none"> Discussion of research, programmatic, or policy implications 	✓	14-16
Generalizability	21	<ul style="list-style-type: none"> Generalizability (external validity) of the trial findings, taking into account the study population, the characteristics of the intervention, length of follow-up, incentives, compliance rates, specific sites/settings involved in the study, and other contextual issues 	✓	14
Overall Evidence	22	<ul style="list-style-type: none"> General interpretation of the results in the context of current evidence and current theory 	✓	14-16

From: Des Jarlais, D. C., Lyles, C., Crepaz, N., & the Trend Group (2004). Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: The TREND statement. *American Journal of Public Health*, 94, 361-366. For more information, visit: <http://www.cdc.gov/trendstatement/>